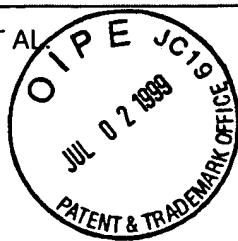


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Q. LIU ET AL.



Serial No.: 09/081,737

Filed: May 19, 1998

Group Art Unit: 1654

Examiner: Tung, Peter

For: HUMAN UNCOUPLING PROTEIN 3

#7
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PETITION FOR EXTENSION OF TIME UNDER § 1.136(a)

Assistant Commissioner for Patents
Washington, D.C. 20231

Applicant(s) hereby petition(s) to the Assistant Commissioner for Patents for an extension of the shortened statutory period for replying to the outstanding Office Action dated 01/05/99 in the above-identified application. A response to said Action is (is not) attached hereto.

Please charge the following fee to Deposit Account No. 13-2755.

- \$110 -- First Month Extension
- \$380 -- Second Month Extension
- \$870 -- Third Month Extension
- \$1360 -- Fourth Month Extension
- \$1850 -- Fifth Month Extension

The Assistant Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account 13-2755. Duplicate copies of this sheet are enclosed.

Respectfully,

By: J. Mark Hand

Attorney _____ For Applicant(s)

Reg. No. 36,545

MERCK & CO., INC.
Patent Dept., RY60-30
P.O. Box 2000
Rahway, N.J. 07065-0907
(732) 594- 3905

Date: June 29, 1999

IN TRIPPLICATE

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Assistant Commissioner for Patents
Washington, D.C. 20231

In re application of: Q. LIU ET AL.
 Serial No. 09/081,737
 Filed May 19, 1998
 Group Art Unit 1654
 Examiner PETER TUNG, PH.D.
 For: HUMAN UNCOUPLING PROTEIN 3

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.
 The fee has been calculated as shown below.

CLAIMS AS AMENDED

(1)	(2) Claims remaining after amendment	(3)	(4) Highest Number Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional fee
Total Claims	* 13	-	** 44 =	0 X	\$18	= 0.00
Independent Claims	* 4	-	*** 12 =	0 X	\$78	= 0.00
Multiple Dependent Claims		-		0 X	\$260****	= 0.00
			TOTAL ADDITIONAL FEE FOR THIS AMENDMENT			0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Add this fee only if application is amended to include multiple dependent claims (regardless of number) and no multiple dependent claims were originally filed.

Charge \$ 0.00 to Deposit Account No. 13-2755. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2755. Duplicate copies of this sheet are enclosed.

Respectfully,

By: J. Mark Hand
Attorney for Applicant(s)

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